FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000001753 (3)

1. Corporation Name

CORESOURCE, INC.

Principal Place of Business

630 DUNDEE ROAD, SUITE 340
NORTHBROOK IL 60062

Mailing Address

630 DUNDEE ROAD, SUITE 340
NORTHBROOK IL 60062

3. Date Incorporated or Qualified: 04/09/1993

3a. Date of Last Report: 10/11/1994

4. FEI Number: 35-1846036 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes — Yes / No

2. Principal Place of Business 21 — 2a. Mailing Address 26

Suite, Apt. #, etc. 22 — 27

City & State 23 — 28

Zip 24 — Country 25 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

SIGNATURE

12. OFFICERS AND DIRECTORS

Field	12. Officers and Directors	13. Additions/Changes to Officers and Directors
TITLE	CPD	[X] Change [ ] Addition
NAME	MILLER, BRUCE L	NO LONGER EMPLOYED
STREET ADDRESS	340 WHITE OAK LANE	
CITY-ST-ZIP	WINNETKA IL 60093	
TITLE	VPST	[X] Change [ ] Addition
NAME	SMITH, RICHARD	NO LONGER EMPLOYED
STREET ADDRESS	750 S. MILLARD	
CITY-ST-ZIP	PALATINE IL 60067	
TITLE	EVD	[ ] Change [ ] Addition
NAME	DIDION, JAMES W	
STREET ADDRESS	656 BRIDGEWAY LANE	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	EVD	[X] Change [ ] Addition
NAME	DUFF, JAMES W	CEO & PRESIDENT
STREET ADDRESS	1 ELMSLEIGH	
CITY-ST-ZIP	GROSSE POINTE MI 48230	
TITLE	VD	[ ] Change [ ] Addition
NAME	DIETRICH, ORLO L	
STREET ADDRESS	714 NORTH OAK	
CITY-ST-ZIP	LITTLE ROCK AR 72005	
TITLE	VP	[ ] Change [ ] Addition
NAME	SCHMIDT, MARK	
STREET ADDRESS	1500 BROOKFIELD ROAD	
CITY-ST-ZIP	YARDLEY PA 19067	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark W. Schmidt — 5/3/95 — (708) 559-2430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0487793 FP